



Tools Tab

- Protocol Worksheet
- Observation Worksheet
 - Observation Data Gathering
- Age and Income Eligibility Review and Guidance Forms
 - Child Records
- Report Coordinator Checklist
- Team Leader Checklist
- Delegate Checklist
 - Center Checklist



HEAD START

Conducting Excellent Reviews



Worksheet/Checklist 101

Worksheet	Who	When	Why	What
Protocol	All Reviewers	Anytime during review	Data Collection	Data during site visits
Observation	ECD reviewer	Anytime during review	Data Collection	Record Observations
Age/Income	RC	During File Review	Data and Summary	Monitor age/income compliancy
RC	RC	End of Review	Data Confirmation	Confirm closure report/review
FTL	TL	End of Review	Data and Process Confirmation	Confirm report/data completed
Delegate	RC	Before Review	Statistics	Delegate/center statistics



HEAD START



- ☐ Protocol Worksheet
- ☒ Observation Worksheet
- ☐ Age and Income Eligibility Review and Guidance Forms
- ☐ Report Coordinator Checklist
- ☒ Team Leader Checklist
- ☒ Delegate Checklist

Access the various worksheets
And checklists from the Tools
Tab

FY 2007 PRISM PROTOCOL

The Office of Head Start (OHS) introduces the FY 2007 PRISM Protocol to guide all first-year and triennial monitoring reviews. The protocol organizes elements of program performance standards and other program regulations into 10 sections against which compliance will be monitored:

- Health Services
- Nutritional Services
- Safe Environments
- Disabilities Services
- Mental Health Services
- Family and Community Services
- Transportation Services
- Education and Early Childhood Development Services
- Fiscal Management
- Program Design and Management

Compliance Questions form the basis of the protocol, with each question focusing on one or more program requirements against which compliance will be monitored. Answer "yes" or "no" for each compliance question by clicking the appropriate radio button. A response with a red flag immediately to the right of it, serves as a signal to the reviewer of a potential concern, in which case additional follow-up is needed.

Guidance prompts facilitate the monitoring process for each Compliance Question. Review teams must respond to Compliance Questions using the prompts, which outline the minimum "ground



Protocol Worksheet

- Optional Data Gathering Tool
- May be completed by all reviewers
- Notes entered may be copied to other areas of the Protocol and become evidence
- May be assigned to other team members



HEAD START



Select Review

Protocol Standards Findings Tools

- Protocol Worksheet
- Observation Worksheet
- Age and Income Eligibility Review and Guidance Forms
- Report Coordinator Checklist
- Team Leader Checklist
- Delegate Checklist

Protocol Worksheet

Home Back Next Up

New Protocol Worksheet

Instructions for the Protocol Worksheet

This protocol worksheet can be used to record information collected in the field while reviewers are conducting interviews, reviewing documents, or making observations. Please type in a response for each item in this worksheet. Once you press the "New Protocol Worksheet" button, please answer the four background questions. Then answer the four questions under the "Questions on Source Information" section. Press the "Add Notes" button to enter the reviewer's notes into the last question that is under the final section

The Protocol Worksheet is an optional tool for data gathering. information gathered in this worksheet can be copied and pasted into notes within other sections of the Protocol. Multiple Worksheets can be created by multiple reviewers.

be that you ultimately will incorporate into preliminary area of noncompliance
our notes detailed information that can provide the context for your finding.
sheet must be transferred to the appropriate section or sections of the
ed your notes electronically in the PRISM Software, you can highlight, click
of text, from this worksheet directly into any section of the protocol within

Data on the Protocol Worksheet

Worksheets	Delegate	Reviewer	Section
India Opal's Health Services Protocol Worksheet	Rocky Hill EHS	UAT02	
Rocky Hill EHS first visit	Rocky Hill EHS	Opal India	Safe Environments

Conducting Excellent Reviews



FY 2007 PRISM Protocol

Protocol Worksheet

FY 2007 PRISM Protocol Worksheet: Reviewer Notes

Reviewer Name: _____ Review Date: _____
Grantee (and if appropriate, Delegate Name): _____
Protocol Section: _____

Source: Document Reviewed: _____
Person Interviewed: _____
Observation Setting: _____
Relevant citation number(s), if appropriate: _____

This worksheet can be used to record information collected in the field while reviewers are conducting interviews, reviewing documents, or making observations. These notes serve as the evidence that you ultimately will incorporate into preliminary area of noncompliance narratives. Please document in your notes detailed information that can provide the context for your finding. The notes collected on this worksheet must be transferred to the appropriate section or sections of the Protocol. If you have documented information in the PRISM Software, you can highlight, click and drag text from the PRISM Software directly into any section of the protocol within the worksheet.

Reviewer Notes:

Paper version of
Protocol Worksheet
contains the same information
found in the electronic version



Select Review

Protocol Standards Findings Tools

- ☐ Protocol Worksheet
- ☒ Observation Worksheet
- ☐ Age and Income Eligibility Review and Guidance Forms
- ☐ Report Coordinator Checklist
- ☒ Team Leader Checklist
- ☒ Delegate Checklist

Protocol Worksheet - Rocky Hill EHS first visit

[Home](#) [Back](#) [Next](#) [Up](#)☒ Delete this Protocol Worksheet ☐ New Protocol Worksheet ☒ Assign this Protocol Worksheet

3. What is the review date?
4. What is the grantee's name?
5. What is the delegate's name?
6. What is the protocol section?

Questions on the Source Information

7. What is the document reviewed?
8. Who is the person interviewed?
9. What is the observation setting?
-

Complete all the questions on this worksheet (electronic version contains the same information found on the paper version of this worksheet) notes may be created, edited by creator and copied elsewhere into the Protocol. Multiple notes can be added to a single Protocol Worksheet. This is an optional tool designed to facilitate data gathering.

The individual worksheets are assignable to other members of a Review team.

[Add Handwriting](#) [Add Picture](#) ☒ Delete

maintenance agreements for the equipment in the



Observation Worksheet

- Data Collection Tool for gathering information during observations
- One observation worksheet should be created for each individual site
- A 'new observation' should be completed for each individual observation
- Standards cited here may be linked to findings in the Protocol



HEAD START



- Protocol Worksheet
- Observation Worksheet**
- Age and Income Eligibility Review and Guidance Forms
- Report Coordinator Checklist
- Team Leader Checklist
- Delegate Checklist

Observation Worksheet

[Home](#) [Back](#) [Next](#) [Up](#)[New Observation Worksheet](#)

Instructions for the Observation Worksheet

This observation worksheet can be used to record information collected during a site visit. Please type in a response for each item in this worksheet. Once you press the "New Observation Worksheet" button, please answer the six background questions for the site being visited. You will answer the background questions only one time for this site being visited. Depending the type of site being visited (Question 6), you will see different questions appearing.

Press on the "New Observation" button to create an observation within the site being visited. You should answer the seven questions for each observation. Each site can have multiple observations.

Worksheets	Site	Delegate	Site Type
Flatbush site	Flatbush EHS	Rocky Hill EHS	Infant/Toddler Center-based
Moss Green	Algar EHS	Rocky Hill EHS	Infant/Toddler Center-based
Wheeler EHS			Infant/Toddler Center-based

Create a single Observation Worksheet for each site being observed. Create "New Observations" for each observation within that site. A green 'check' indicates the worksheet has been completed and there are no areas of concern. A red 'x' indicates an area of concern has been cited during an observation. A 'notebook' icon indicates the Observation is not complete

OBSERVATION WORKSHEET

Please complete Page 1 of this worksheet for each site visited, and complete page 2 for each observation.
Each site can have multiple observations.

Date: _____ Site name: _____ Delegate name (if applicable): _____

Please indicate whether this is a child care partnership or contract: ☐ Yes ☐ No

Select one, then complete the information below that selection:

☐ **Preschool Center-based**

1. Indicate the # of children:

2. Indicate the # of children on IEPs:

3. If predominantly 3 year-olds, is the class size 17 or fewer?
1306.32(a)(5) (choose one)

☐ Yes ☐ No ☐ N/A
4. If predominantly 4 or 5 year-olds, is the class size 20 or fewer?
1306.32(a)(3) (circle one)

☐ Yes ☐ No ☐ N/A
5. Are there at least 2 paid staff?

☐ **Infant/Toddler Center-based**

1. Indicate the # of children:

2. Indicate the # of children on IFSPs:

3. _____
1306.32(g)(1) (choose one)

☐ Yes ☐ No

☐ **Home-based**

1. Select one:

☐ Home Visit
☐ Socialization
3. If you selected Socialization, please answer the following (skip if you selected Home Visit):
 - a. # of children: _____
 - b. # of parents: _____
 - c. # of home visitors present: _____
 - d. # children on IEPs/IFSPs: _____

☐ **Family Child Care**

1. Indicate the # of children in the home:

2. Indicate the # of adults in the home:

- the # of Infant/toddlers: _____
4. Indicate the age range of children:

5. Indicate the # of children on IEPs/IFSPs:

Paper Version Observation Worksheet
contains the same questions to be found
in the electronic version (software) of Protocol



Select Review

Protocol Standards Findings Tools

- ☐ Protocol Worksheet
- ☒ Observation Worksheet
- ☐ Age and Income Eligibility Review and Guidance Forms
- ☐ Report Coordinator Checklist
- ☒ Team Leader Checklist
- ☒ Delegate Checklist

Software version
Observation
Worksheet
contains
the same questions
found on the paper
Version of Protocol

Observation Worksheet - Untitled observation worksheet

[Home](#) [Back](#) [Next](#) [Up](#)[Delete this Observation Worksheet](#) [New Observation for this Site](#) [Assign this Observation Worksheet](#)

Site Background Questions

1. Please name the site being visited.
2. What is the review date?
3. What is the site name?
4. What is the delegate name (if applicable)?
5. Is this a child care partnership or contract? ☐ Yes ☐ No
6. What is the type of site being visited?

Questions Based on Site Type

Observations for This Site

Name	Location	Type	Size
------	----------	------	------



Select Review

Protocol Standards Findings Tools

- Protocol Worksheet
- ☒ Observation Worksheet
- Age and Income Eligibility Review and Guidance Forms
- Report Coordinator Checklist
- ☒ Team Leader Checklist
- ☒ Delegate Checklist

Observation Worksheet - Flatbush site

[Home](#) [Back](#) [Next](#) [Up](#)[Delete this Observation Worksheet](#) [New Observation for this Site](#) [Assign this Observation Worksheet](#)

Site Background Questions

- Please name the site being visited.
 - What is the review date?
 - What is the site name?
 - What is the delegate name (if applicable)?
 - Is this a child care partnership or contract?
☒ Yes ☐ No
- Infant/Toddler Center-based
- 2B. What is the number of children on IFSPs?

Completed Observation Worksheet
Create a New Observation for this Site
by clicking on the 'New Observation'
button. Answer Compliance Question
associated with this Observation
Worksheet.

3B

☒ Yes ☐ No

3B COMPLIANCE QUESTION

3. Are there 8 or fewer children per group, with one teacher for every 4 infants/toddlers?

1304.57/6/4



Select Review

Protocol Standards Findings Tools

- Protocol Worksheet
- ☒ Observation Worksheet
- Age and Income Eligibility Review and Guidance Forms
- Report Coordinator Checklist
- ☒ Team Leader Checklist
- ☒ Delegate Checklist

You must enter a note for every Applicable answer. By clicking the Standard Link you may view the text of the standard associated with the Compliance Question

Observation Worksheet - Flatbush site

[Home](#) [Back](#) [Next](#) [Up](#)☒ Delete this Observation Worksheet ☐ New Observation for this Site ☒ Assign this Observation Worksheet

6. What is the type of site being visited?

Infant/Toddler Center-based

Questions Based on Site Type

1B. What is the number of children?

150

2B. What is the number of children on IFSPs?

20

☒ 3B☐ Yes ☒ No

3B COMPLIANCE QUESTION

3. Are there 8 or fewer children per group, with one teacher for every 4 infants/toddlers?

1304.52(g)(4)

3B Notes:

11/30/2006 9:09:00 AM - India Opal

Delegate: Rocky Hill EHS

Method: Interview

Center: Wheeler Child Care

Source: Mrs. Beasley

Notes: Notes go here



Select Review

Protocol Standards Findings Tools

Filter: Show All Standards

- ☒ PART 74 - Financial And Program Management
- ☒ PART 84 - Nondiscrimination On The Basis Of Handicaps
- ☒ PART 92 - Uniform Administrative Requirements For Grantees
- ☒ PART 215 - Uniform Administrative Requirements for Grantees
- ☒ PART 220 - Cost Principles for Educational Institutions
- ☒ PART 225 - Cost Principles For State, Local, And Indian Organizations
- ☒ PART 230 - Cost Principles For Non-Profit Organizations
- ☒ PART 1301 - Head Start Grants Administration
- ☒ PART 1302 - Policies and Procedures For Selection, I
- ☒ PART 1303 - Appeal Procedures For Head Start Grants
- ☒ PART 1304 - Program Performance Standards For One
- ☒ 1304.1 Purpose and scope.
- ☒ 1304.2 Effective dates.
- ☒ 1304.3 Definitions.
- ☒ 1304.20 Child Health and Development
- ☒ 1304.21 Education and Early Childhood Development
- ☒ 1304.22 Child Health and Safety.
- ☒ 1304.23 Child Nutrition.
- ☒ 1304.24 Child Mental Health.
- ☒ 1304.40 Family Partnerships.
- ☒ 1304.41 Community Partnerships.
- ☒ 1304.50 Program Governance.
- ☒ 1304.51 Management Systems and Procedures.
- ☒ 1304.52 Human Resources Management.
- ☒ 1304.53 Facilities, Materials, and Equipment.
- ☒ 1304.60 Deficiencies and quality improvement plans
- ☒ 1304.61 Noncompliance.
- ☒ PART 1305 - Eligibility, Recruitment, Selection, Enrollment
- ☒ PART 1306 - Head Start Staffing Requirements And Pr
- ☒ PART 1308 - Head Start Program Performance Stand
- ☒ PART 1309 - Head Start Facilities Purchase, Major Re

1304.52 Human Resources Management.

Home Back Next Up

☒ Show Only My Notes ☒ Show Only Standards with Notes ☐ Print

(g) Classroom Staffing and Home Visitors

(1) Grantee and delegate agencies must meet the requirements of 45 CFR 1306.20 regarding classroom staffing. 1304.52(g)(1)

(2) When a majority of children speak the same language, at least one classroom staff member or home visitor interacting regularly with the children must speak their language. 1304.52(g)(2)

(3) For center-based programs, the class size 1304.52(g)(3)

Note entered in Observation Worksheet
Follows the standard link back to the standards page.

Each teacher working exclusively with infants and toddlers has responsibility for no more than four infants and toddlers and that no more than eight infants and toddlers are placed in any one group. However, if State, Tribal or local regulations specify staff:child ratios and group sizes more stringent than this requirement, the State, Tribal, or local regulations must apply.

OW3B 11/30/2006 9:09:00 AM - India Opal

Copy

Delete

Delegate: Rocky Hill EHS

Method: Interview

Center: Wheeler Child Care

Source: Mrs. Beasley

Notes: Notes go here



Select Review

Protocol Standards Findings Tools

Filter: Show All Standards

- ☒ 1304.3 Definitions.
- ☒ 1304.20 Child Health and Developmental Services.
- ☒ 1304.21 Education and Early Childhood Development.
- ☒ 1304.22 Child Health and Safety.
- ☒ 1304.23 Child Nutrition.
- ☒ 1304.24 Child Mental Health.
- ☒ 1304.40 Family Partnerships.
- ☒ 1304.41 Community Partnerships.
- ☒ 1304.50 Program Governance.
- ☒ 1304.51 Management.
- ☒ 1304.52 Human Resources.
- ☒ 1304.53 Facilities.
- ☒ 1304.60 Definitions.
- ☒ 1304.61 Non-Compliance.
- ☒ PART 1305 - Eligibility.
- ☒ PART 1306 - Head Start Program Performance Standards.
- ☒ 1306.1 Purpose.
- ☒ 1306.2 Effective dates.
- ☒ 1306.3 Definitions.
- ☒ 1306.20 Program staffing patterns.
- ☒ 1306.21 Staff qualification requirements.
- ☒ 1306.22 Volunteers.
- ☒ 1306.23 Training.
- ☒ 1306.30 Provisions of comprehensive child development.
- ☒ 1306.31 Choosing a Head Start program option.
- ☒ 1306.32 Center-based program option.
- ☒ 1306.33 Home-based program option.
- ☒ 1306.34 Combination program option.
- ☒ 1306.35 Additional Head Start program option variations.
- ☒ 1306.36 Compliance waiver.
- ☒ PART 1308 - Head Start Program Performance Standards.

1306.32 Center-based program option.

Home Back Next Up

Show Only My Notes Show Only Standards with Notes Print

(a) Class size.

(1) Head Start classes must be staffed by a teacher and an aide or two teachers and, whenever possible, a volunteer. 1306.32(a)(1)

(2) Grantees must determine their class size based on the predominant age of the children who will participate in the class and whether or not a center-based double session variation is being implemented. 1306.32(a)(2)

1306.32(a)(3)

Create Finding

Add Note

Paste Note

Copy Delete

Delegate: Wheeler EHS Method: Observation

Center: Butler Child Care Source: Classroom

Notes: note goes here

(4) When double session classes serve predominantly four or five-year-old-children, the average class size of that group of classes must be between 15 and 17 children. A double session class for four or five- 1306.32(a)(4)

Ready 2.0.0.24 UAT02

Reviewer may now create a finding or add Additional notes by clicking on the standard link.



Select Review

Protocol Standards Findings Tools

Filter: Show All Standards

- ☐ 1304.23(b)(3)
- ☐ 74.21(b)(6)
- ☐ 1304.23(e)(1)
- ☐ 1304.22(e)(4)
- ☐ 1304.22(f)(2)
- ☐ 1304.20(a)(1)(i)
- ☐ 1304.52(a)(2)(ii)
- ☐ 1304.40(c)(1)
- ☐ 1304.41(c)(2)
- ☐ 1304.23(e)(2)
- ☐ 1304.40(c)(1)(ii)
- ☐ 1304.53(a)(1)
- ☐ 1306.23(a)
- ☐ 1304.40(c)(1)(i)
- ☐ 1304.52(g)(4)
- ☐ 1306.32(a)(5)
- ☐ 1306.32(a)(3)

PANC

Home Back Next Up

Print the Preliminary Review Report

1306.32 Center-based program option.

(a) Class size.

(3) For classes serving predominantly four or five-year-old children, the average class size of that group of classes must be between 17 and 20 children, with no more than 20 children enrolled in any one class.

Narrative: ⓘ

Program Type: ☐ Head Start ☒ Early Head Start

New Finding created from citing the standard associated with Compliance Question on the Observation Worksheet now appears on the Findings Tab. All notes entered in the Observation Worksheet or at the standard link have followed.

☐ Select this checkbox if this preliminary area of non-compliance was corrected during the review.

Evidence: ⓘ

OW4A 11/30/2006 11:14:30 AM - India Opal

Copy

Delete

Delegate: Wheeler EHS

Method: Observation

Center: Butler Child Care

Source: Classroom

Notes: note goes here

For each observation you make, please complete all information in this section.

Start time: _____ Indoor: ☐ Teacher-directed: ☐ Individual: ☐
End time: _____ Outdoor: ☐ Child-initiated: ☐ Small Group: ☐
Large Group: ☐

Describe the activity or experience, including teacher/child interaction and child-to-child interaction, and the materials and equipment used.

Paper version Observation Data
Collection Sheet



Select Review

Protocol Standards Findings Tools

- Protocol Worksheet
- Observation Worksheet
- Age and Income Eligibility Review and Guidance Forms
- Report Coordinator Checklist
- Team Leader Checklist
- Delegate Checklist

Observation - Untitled observation

Home Back Next Up

Delete this Observation New Observation for this Site

Questions on each Observation Made

1. Please name this observation.
2. What is the start time?
3. What is the end time?
4. Where is the observation?
5. What is observation type?
6. What is the size of the observation?
7. Describe the activity or experience, including teacher/child interaction and child-to-child interaction, and the materials and equipment used.

Electronic Version of Observation Data Collection Sheet
Create a new observation for each new observation at a site.
There may be multiple observations under a single Observation Worksheet.



Select Review

Protocol Standards Findings Tools

- Protocol Worksheet
- Observation Worksheet
- Age and Income Eligibility Review and Guidance Forms
- Report Coordinator Checklist
- Team Leader Checklist
- Delegate Checklist

Observation Worksheet

Home Back Next Up

New Observation Worksheet

Instructions for the Observation Worksheet

This observation worksheet can be used to record information collected during a site visit. Please type in a response for each item in this worksheet. Once you press the "New Observation Worksheet" button, please answer the six background questions for the site being visited. You will answer the background questions only one time for this site being visited. Depending the type of site being visited (Question 6), you will see different questions appearing.

Press on the "New Observation" button to create an observation within the site being visited. You should answer the seven questions for each observation. Each site can have multiple observations.

Worksheets	Site	Delegate	Site Type
Flatbush site	Flatbush EHS	Rocky Hill EHS	Infant/Toddler Center-based
Moss Green	Algar EHS	Rocky Hill EHS	Infant/Toddler Center-based
Wheeler EHS			Infant/Toddler Center-based

Multiple Observation Worksheets may
Have multiple Observations. Red 'x' indicates
Area of concern within an Observation Worksheet

Conducting Excellent Reviews



Age and Income Eligibility Review and Guidance Forms

- Completed by Report Coordinator
- Guidance for sample collection and data documentation
- Comprehensive Instructions for completing Review Forms ensures consistency across reviews
- Electronic version (software) mirrors the paper version of the forms and guidance



HEAD START

PRISM Instrument

PRISM

Program Review Instrument for
Systems Monitoring of Head Start
and Early Head Start Grantees

Select Review

Protocol Standards Findings Tools

- Protocol Worksheet
- Observation Worksheet
- Age and Income Eligibility Review and Guidance Forms
- Report Coordinator Checklist
- Team Leader Checklist
- Delegate Checklist

Instructions for the Data Collection Form

Home Back Next Up

Instructions for Completing the

The RC should use the data collection and determining compliance with age and income

- Please enter the program name, the de program's actual enrollment figure, and

Age/Income Eligibility Review: Data Collection Form

Review Date: _____

Report Coordinator Name: _____

Actual Enrollment: _____

A	B	C	D	E
File Number (1, 2, ...)	Program has enrolled the child as an income eligible child (Y or N)	RC finds a signed statement in folder indicating which documents were reviewed to verify eligibility (Y or N)	RC supports grantee's determination of income eligibility (Y or N)	RC determines that child is at least 3 years old by date of entry into program (Y or N)

The columns noted in these instructions relate to the paper version of the Protocol where information is entered in columns

Income Eligibility Review

- For each child, determine if the program identified the child as income eligible or as part of the program's enrollment from "over-income" families.
 - For all children identified by the program as income eligible (i.e., from a household that meets the low-income guidelines), enter a Y in column B and proceed to step 4 (column C).
 - If the child was enrolled as an "over-income" child, enter an N in column B. If you enter an N in column B, your income eligibility review of that specific child's file has been completed. You should proceed to the next file to continue your income eligibility review for other children's files, or move to the age eligibility review for this same child's file, whichever your preference.
- Determine whether the file contains a signed statement by a Head Start program employee identifying which documents were examined to verify income eligibility.
 - If the file contains a signed determination statement, enter a Y in column C, and proceed to Step 5 (column D).

Ready 2.0.0.24 UAT02

Age/Income Eligibility Review: Data Collection Form

Paper Version of Data Collection Form
contains the same information found in
the electronic (software) version

Grantee Name: _____ Review Date: _____

Delegate Name (if applicable): _____

Report Coordinator Name: _____

Actual Enrollment: _____

[illegible]

Age/Income Eligibility Review: Summary Form

Income Eligibility Summary	
	TOTAL
Number of children enrolled	
Number of files reviewed	
Number of files for which RC does NOT support program's determination	
Number of files for which the RC did not find a signed statement in the folder indicating which documents were reviewed to verify eligibility	
Age Eligibility Summary	
	TOTAL
Number of children enrolled in Head Start Program	
Number of files reviewed	
Number of files for which RC determined child was under age	



- ☐ Protocol Worksheet
- ☒ Observation Worksheet
- ☐ Age and Income Eligibility Review and Guidance Forms
- ☐ Report Coordinator Checklist
- ☒ Team Leader Checklist
- ☒ Delegate Checklist

Instructions for the File Selection Process

[Home](#) [Back](#) [Next](#) [Up](#)**Forms**

The Age/Income Eligibility Review is designed to monitor Head Start and Early Head Start grantee and delegate compliance with age and income eligibility program requirements. This form provides guidance on selecting a sample of children's files to review and for documenting findings from this review. This form has been revised from its previous version for use in the FY 2007 monitoring year. The Report Coordinator (RC) is responsible for completing the Age/Income Eligibility Data Collection Form and Summary.

File Selection Process

The Office of Head Start (OHS) requires the review of a sample of children's files to determine whether the eligibility information is documented and maintained in accordance with program requirements. OHS further requires that the sample of files be selected in accordance with the guidance provided in this section. Adherence to the sampling guidance ensures consistency across reviews and across the nation.

Step 1: Identify the Children Served by the Grantee

The first step is to obtain a list of all children currently enrolled in the program. The grantee is responsible for preparing a list of children currently enrolled in the program. The list should include the following information:

- o Child's name
- o Date of birth
- o Whether enrolled in grantee, delegate, or child care partner
- o Center name
- o Class
- o Program option



- ☐ Protocol Worksheet
- ☒ Observation Worksheet
- ☒ Age and Income Eligibility Review and Guidance Forms
- ☐ Report Coordinator Checklist
- ☒ Team Leader Checklist
- ☒ Delegate Checklist

Instructions include clear guidance for selecting the sample size of child files to review

Instructions for the File Selection Process

[Home](#) [Back](#) [Next](#) [Up](#)**Step 2: Determine the Sample Size**

The RC uses the sample size look-up table (see inserted table) to determine the number of files to be reviewed, based on the grantee's total enrollment. Alternatively, when you enter the enrollment number in Question 5, the software will indicate the number of files to be reviewed. For example, if the grantee's total actual enrollment is 1,000 children, 121 children's files should be selected for review. If the total enrollment falls between numbers on the chart, the RC will need to estimate the number of files to be reviewed. For example, for total enrollment of 45, the RC should select 34 files. An enrollment from 40 to 50 children requires that 6 additional files be reviewed, so, a total of 37 children would require an additional 3 files to be reviewed. The RC should make a best estimate for the sample size when the total enrollment falls somewhere between the numbers listed in the table. *Note: The RC may choose to review a greater number of files if he or she has reason to believe the program has a significant problem and wants to review more files to confirm.*

Eligibility Review: Sample Size Look-up Table	
Actual Enrollment: Total Number of Children	Review Sample: Number of Files to be Reviewed
Less than 20	All Files
30	25
40	31
50	37
100	58
150	72
200	82



Select Review

Protocol Standards Findings Tools

- Protocol Worksheet
- Observation Worksheet
- Age and Income Eligibility Review and Guidance Forms
- Report Coordinator Checklist
- Team Leader Checklist
- Delegate Checklist

Age Income Form - 1

Home Back Next Up

Delete this Child's Record New Child's Record Assign this Child's Record

Question on Age and Income Eligibility Compliance with Program Requirements

1. What is the record number?
2. Has the program enrolled the child as an income eligible child? ☒ Yes ☐ No
3. Did the Report Coordinator find a signed statement in the folder indicating which documents were reviewed to verify eligibility? ☒ Yes ☐ No
4. Does the Report Coordinator support the grantee's determination of income eligibility? ☒ Yes ☐ No
5. Did the Report Coordinator determine the child was at least 3 years old by the date of entry into program? ☐ Yes ☒ No

Each child record reviewed must be entered in the software. Each record is assigned a record number by the software



Select Review

Protocol Standards Findings Tools

- Protocol Worksheet
- Observation Worksheet
- Age and Income Eligibility Review and Guidance Forms
- Report Coordinator Checklist
- Team Leader Checklist
- Delegate Checklist

Age and Income Eligibility Review and Guidance Forms

[Home](#) [Back](#) [Next](#) [Up](#)[New Child's Record](#) [Assign the Age/Income Eligibility Review: Data Collection Form](#)

Instructions for the Age and Income Eligibility Review and Guidance Forms

- [Instructions for the File Selection Process](#)
- [Instructions for the Data Collection Form Completion](#)

Background Questions for the Set of Children's Records Being Reviewed

1. What is the grantee name?
2. What is the review date?
3. What is the d
4. What is the R
5. What is the actual environment?

Individual records
Reviewed are listed individually on
The Background Questions Data Collection Worksheet

Data from the Age and Income Eligibility Questions for each Child's Record

Record #	Eligible	Signed	Support	At least 3
<input checked="" type="checkbox"/> 1	Yes	Yes	Yes	No
<input checked="" type="checkbox"/> 2	Yes	Yes	Yes	Yes
<input checked="" type="checkbox"/> 3	Yes	Yes	Yes	Yes

Income/Age Eligibility Summary

- 3 - Number of files reviewed
- 0 - Number of files for which RC does NOT support program's determination
- 0 - Number of files for which the RC did not find a signed statement to verify eligibility



Select Review

Protocol Standards Findings Tools

- ☐ Protocol Worksheet
- ☒ Observation Worksheet
- ☒ Age and Income Eligibility Review and Guidance Forms
- ☐ Report Coordinator Checklist
- ☒ Team Leader Checklist
- ☐ Delegate Checklist

Age and Income Eligibility Review and Guidance Forms

Home Back Next Up

New Child's Record Assign the Age/Income Eligibility Review: Data Collection Form

Background Questions for the Set of Children's Records Being Reviewed

1. What is the grantee name?
2. What is the review date?
3. What is the delegate (if applicable)?
4. What is the Report Coordinator's name?
5. What is the actual enrollment?

Summary of Files reviewed
provides immediate information on
number of files reviewed, under age children, absence of signed
eligibility statement, etc.

<input checked="" type="checkbox"/> 3	Yes	Yes	Yes	Yes
<input checked="" type="checkbox"/> 4	No	-	-	No
<input checked="" type="checkbox"/> 5	Yes	Yes	No	No
<input checked="" type="checkbox"/> 6	Yes	No	-	No

Income/Age Eligibility Summary

- 6 - Number of files reviewed
- 2 - Number of files for which RC does NOT support program's determination
- 1 - Number of files for which the RC did not find a signed statement to verify eligibility
- 5 - Number of files for which RC determined child was under age



Step by step instruction for creating and using the delegate checklist in PRISM 2007



HEAD START



Creating Delegate and Center Checklists

- You must create a Delegate for each Delegate within a review.
- There may be one Delegate with multiple centers or multiple delegates with multiple centers.
- You may select the sections of the Protocol for which these Delegates will be visited when creating the Delegate Checklist
- You may delete a Delegate Checklist or a Center Checklist
- Complete instructions for completing the Delegate Checklist are located on the Delegate Checklist Instructions Page within the Protocol
- The Delegate Checklists and associated Center Lists must be completed by the Report Coordinator or Team Leader



HEAD START



Select Review

Protocol Standards Findings **Tools**

- Protocol Worksheet
- Observation Worksheet
- Age and Income Eligibility Review and Guidance Forms
- Report Coordinator Checklist
- Team Leader Checklist
- Delegate Checklist

Select the Tools Tab

PRISM Instrument 2007

[Home](#) [Back](#) [Next](#) [Up](#)

Show Only My Notes Assign this Nutritional Services Protocol - Section I Print

FY 2007 PRISM PROTOCOL

The Office of Head Start (OHS) introduces the FY 2007 PRISM Protocol to guide all first-year and triennial monitoring reviews. The protocol organizes elements of program performance standards and other program regulations into 10 sections against which compliance will be monitored:

- Health Services
- Nutritional Services
- Safe Environments
- Disabilities Services
- Mental Health Services
- Family and Community Services
- Transportation Services
- Education and Early Childhood Development Services
- Fiscal Management
- Program Design and Management

Compliance Questions form the basis of the protocol, with each question focusing on one or more program requirements against which compliance will be monitored. Answer "yes" or "no" for each compliance question by clicking the appropriate radio button. A response with a red flag immediately to the right of it, serves as a signal to the reviewer of a potential concern, in which case additional follow-up is needed.

Guidance prompts facilitate the monitoring process for each Compliance Question. Review teams must respond to Compliance Questions using the prompts, which outline the minimum "ground to cover" in addressing questions effectively. These *Ground to Cover* prompts indicate the people to



Select Review

Protocol Standards Findings Tools

- ☐ Protocol Worksheet
- ☐ Observation Worksheet
- ☐ Age and Income Eligibility Review and Guidance Forms
- ☐ Report Coordinator Checklist
- ☒ Team Leader Checklist
- ☒ Delegate Checklist

Select New
Delegate Checklist

Delegate Checklist

Home Back Next Up

New Delegate Checklist

Assign the Delegate Checklist

Instructions for the Delegate Checklist

The Delegate Checklist is intended to record information to assist in providing statistics (e.g., the total number of delegates supported by Head Start, the proportion of delegates that were reviewed in a given year).

This checklist is to be completed by the report coordinator or team leader. The name of all delegates and centers, as identified by the grantee, should be entered into this list. Over the course of the review, the report coordinator or team leader should indicate which delegates and centers have been visited.

Once you press the New Delegate Checklist button, please answer the eight background questions described in this paragraph. Please type out the full name of the delegate. Do not use acronyms or abbreviations. Next, indicate whether the delegate was visited during the on-site review. (If a visit was scheduled but did not occur, indicate "no"). Then the report coordinator or team leader should indicate whether this delegate was part of a sub-review. The next question involves marking the checkboxes for the protocol sections that the review team looked at for this delegate. Similarly, the protocol tools looked at for this delegate by the review team should also be marked using the checkboxes. The report coordinator or team leader should select the program type (Head Start, Early Head Start, or Head Start/Early Head Start) from the drop down list. Finally, provide the address and phone number for the delegate.

Once you press the New Center button, please answer the five background questions described in this paragraph. Please type out the full name of the center. Do not use acronyms or abbreviations. Next, indicate whether the center was visited during the on-site review. (If a visit was scheduled but did not occur, indicate "no"). The report coordinator or team leader should select the program type (Head Start, Early Head Start, or Head Start/Early Head Start) from the drop down list. Finally, provide the address and phone number for the center.

Delegates	Visited	Sub- Review	Address	Phone Number
-----------	---------	----------------	---------	-----------------



Select Review

Protocol Standards Findings Tools

- ☐ Protocol Worksheet
- ☐ Observation Worksheet
- ☐ Age and Income Eligibility Review and Guidance Forms
- ☐ Report Coordinator Checklist
- ☒ Team Leader Checklist
- ☐ Delegate Checklist

Complete the form with the appropriate information including the Delegate Address, Program Type, and what sections of the Protocol will be looked at for this delegate. Create one Checklist for each Delegate (multiple centers checklists may be created for each delegate)

Delegate - Untitled delegate

Home Back Next Up

☒ Delete this Delegate Checklist ☐ New Center

Background Questions on the Delegate

1. Please provide a name for this delegate.

2. Has this delegate been visited?

☐ Yes☐ No

3. Is this delegate part of a sub-review?

☐ Yes☐ No

(Note: A sub-review is a review with a sub-team that has a separate team meeting. There are not always sub-teams for delegates)

4. Please mark which protocol sections the review team looked at for this delegate.

☐ Section 1 - Health Services☐ Section 5 - Mental Health Services☐ Section 8 - Education and Early Childhood Development☐ Section 2 - Nutritional Services☐ Section 6 - Family and Community Services☐ Section 9 - Fiscal Management☐ Section 3 - Safe Environments☐ Section 7 - Transportation Services☐ Section 10 - Program Design and Management☐ Section 4 - Disabilities Services☒ Select All

5. Please mark which protocol tools the review team looked at for this delegate.

☐ Protocol Worksheet☐ Observation Worksheet☐ Age Income Form☒ Select All

6. What is the program type of the grantee for this delegate?

7. Please enter in the address of the delegate.



Select Review

Protocol Standards Findings Tools

- Protocol Worksheet
- Observation Worksheet
- Age and Income Eligibility Review and Guidance Forms
- Report Coordinator Checklist
- Team Leader Checklist
- Delegate Checklist

Create a Center Checklist for each center within a Delegate. multiple Centers can be created however ensure that the centers are associated with the correct Delegate

Delegate Checklist - Griffindor

Home Back Next Up

[Delete this Center](#) [New Center](#) [Assign this Center](#)

Background Questions on the Center

1. Please provide a name for this center.
2. Has this center been visited?
3. What is the program type of the grantee for this center?
4. Please type in the address of the center.
5. Please type in the phone number of the center.

Griffindor

☐ Yes ☒ No

Early Head Start

2121 Snowy Owl Drive

555-555-3344



Select Review

Protocol Standards Findings Tools

- ☐ Protocol Worksheet
- ☐ Observation Worksheet
- ☐ Age and Income Eligibility Review and Guidance Forms
- ☐ Report Coordinator Checklist
- ☒ Team Leader Checklist
- ☒ Delegate Checklist

Delegates
will now appear
in the order created on
your Delegate Checklist
Page. Center Lists nest
within
the Delegate Checklists and
are
not displayed on this page
view

Delegate Checklist

[Home](#) [Back](#) [Next](#) [Up](#)[New Delegate Checklist](#) [Assign the Delegate Checklist](#)

The Delegate Checklist is intended to record information to assist in providing statistics (e.g., the total number of delegates supported by Head Start, the proportion of delegates that were reviewed in a given year).

This checklist is to be completed by the report coordinator or team leader. The name of all delegates and centers, as identified by the grantee, should be entered into this list. Over the course of the review, the report coordinator or team leader should indicate which delegates and centers have been visited.

Once you press the New Delegate Checklist button, please answer the eight background questions described in this paragraph. Please type out the full name of the delegate. Do not use acronyms or abbreviations. Next, indicate whether the delegate was visited during the on-site review. (If a visit was scheduled but did not occur, indicate "no"). Then the report coordinator or team leader should indicate whether this delegate was part of a sub-review. The next question involves marking the checkboxes for the protocol sections that the review team looked at for this delegate. Similarly, the protocol tools looked at for this delegate by the review team should also be marked using the checkboxes. The report coordinator or team leader should select the program type (Head Start, Early Head Start, or Head Start/Early Head Start) from the drop down list. Finally, provide the address and phone number for the delegate.

Once you press the New Center button, please answer the five background questions described in this paragraph. Please type out the full name of the center. Do not use acronyms or abbreviations. Next, indicate whether the center was visited during the on-site review. (If a visit was scheduled but did not occur, indicate "no"). The report coordinator or team leader should select the program type (Head Start, Early Head Start, or Head Start/Early Head Start) from the drop down list. Finally, provide the address and phone number for the center.

Delegates

☒ Hogwarts EHS

Visited

No

Sub-
Review

No

Address

2121 Privet Drive

Phone
Number555-555-
4433☒ Surrey EHS

Yes

No

2130 Cauldron Street

555-444-
3333



Select Review

Protocol Standards Findings Tools

- [-] Health Services
- [-] Nutritional Services
 - [x] Section I - Staffing and Training
 - [-] Section II - Understanding Children's Nutritional Needs
 - [-] Section III - Managing Nutritional Services
 - [-] Section IV - Integrating Nutrition into Early Childhood D
- [-] Safe Environments
- [-] Disabilities Services
- [-] Mental Health Services
- [-] Family and Community Services
- [-] Transportation Services
- [-] Education and Early Childhood Development Services
- [-] Fiscal Management
- [-] Program Design and Management

SECTION I - Staffing and Training

Home Back Next Up

Show Only My Notes

Assign this Nutritional Services Protocol - Section I

Print

1304.52(a)(2)(ii)

1A GROUND TO COVER – LOOK FOR, LISTEN FOR, ASK

- Identify the person who manages nutritional services.
- Ask that person to describe his or her management responsibilities.

1A Notes:

New Note

Paste

Copy

Delete

11/29/2006 2:34:13 PM - Sample User

Delegate:

Hogwarts EHS
Surrey EHS

Method: Observation

Source:

Notes:

Within Note, select
from the drop down menu,
the Delegate

1B

☒ Yes ☐ No

1B COMPLIANCE QUESTION

Are nutritional services supported by staff or consultants who are registered dietitians or nutritionists?



Select Review

Protocol Standards Findings Tools

- [-] Health Services
- [-] Nutritional Services
 - [x] Section I - Staffing and Training
 - [-] Section II - Understanding Children's Nutritional Needs
 - [-] Section III - Managing Nutritional Services
 - [-] Section IV - Integrating Nutrition into Early Childhood D
- [-] Safe Environments
- [-] Disabilities Services
- [-] Mental Health Services
- [-] Family and Community Services
- [-] Transportation Services
- [-] Education and Early Childhood Development Services
- [-] Fiscal Management
- [-] Program Design and Management

SECTION I - Staffing and Training

Home Back Next Up

Show Only My Notes Assign this Nutritional Services Protocol - Section I Print

1A

☐ Yes ☐ No ☒ N/A

1A COMPLIANCE QUESTION

*Note: Please select "N/A" if this is **not** a center-based HS program*

Are management functions for nutritional services formally assigned to a staff person or persons?

Note: Notes provided for this question will be shared with the PDM Reviewer through the PRISM Software.

1304.52(a)(2)(ii)

1A GROUND TO COVER – LOOK FOR, LISTEN FOR, ASK

- Identify the person who manages nutritional services.
- Ask that person to describe his or her management responsibilities.

1A Notes:

New Note Paste

Copy Delete

11/29/2006 2:34:13 PM - Sample User

Delegate: Surrey EHS

Method: Observation

Center:

Source:

Notes: Cheshire EHS
Whining EHS

After selecting
the Delegate, choose
the Center from the
Drop Down menu



Report Coordinator and Team Leader Checklists

- Each checklist to be completed by designated RC or Team Leader
- Completed at the end of a review
- Notes may be entered to substantiate information entered in checklists when appropriate



HEAD START



Select Review

Protocol Standards Findings Tools

- Protocol Worksheet
- Observation Worksheet
- Age and Income Eligibility Review and Guidance Forms
- Report Coordinator Checklist
- Team Leader Checklist
- Delegate Checklist

Team Leader Checklist

[Home](#) [Back](#) [Next](#) [Up](#)

Assign the Team Leader Checklist

Instructions for the Team Leader Checklist

When the on-site work is completed, the Team Leader confirms the quality of the preliminary review report, confirms that the PRISM process was implemented in accordance with the PRISM Guide, and confirms that the Report Coordinator mailed all documentation to the Team Leader's home Regional Office.

Mark the appropriate response ("yes" or "no"). Please explain any "no" responses in the "comments" section by clicking on the Add Notes button.

Questions for the Team Leader Checklist

Please mark the appropriate response (Yes or No) or choose the appropriate answer from the drop down menu:

1. Has the Report Coordinator collected, organized, indexed and prepared for mailing the completed forms and other evidence from the review, which is to be mailed to your home Regional Office? ☒ Yes ☐ No

Add Notes

11/7/2006 4:57:57 PM - Winn Dixi

Comm
huh!!!

11/3

Comm

Team Leader Checklist must be completed by FTL at the end of the review to confirm adherence to the Protocol Process and the quality of the Preliminary Review Report

2. There are no areas of noncompliance identified in this review.

☐ Yes ☒ No

Add Notes



Select Review

Protocol Standards Findings Tools

- ☐ Protocol Worksheet
- ☒ Observation Worksheet
- ☒ Age and Income Eligibility Review and Guidance Forms
- ☒ Report Coordinator Checklist
- ☒ Team Leader Checklist
- ☐ Delegate Checklist

Report Coordinator Checklist

[Home](#) [Back](#) [Next](#) [Up](#)[Assign the Report Coordinator Checklist](#)

Instructions for the Report Coordinator Checklist

When the on-site work is completed, the Report Coordinator confirms the quality of the preliminary review report, ensures that all documentation and evidence collected during the review is mailed to the Federal Team Leader's home Regional Office, and confirms that all reviewers using computers have closed out the review.

For Questions 1-9, fill in the organization's name, grantee contact's name and title, HHS official's name and title, review's purpose, program specialist's name, report's distribution and the program type. Please fill in the names of individuals in place of the default "NAME" listed for each title in the report distribution. Please use the drop down list to choose the program type. You can explain any answer in the "comments" section by clicking on the

[Add Notes](#)

button. For Questions 10-13, mark the appropriate response ("yes" or "no"). Please explain any

Report Coordinator must complete the RC Checklist
By the end of the review to ensure that all evidence has been
Mailed to the Regional Office, that all reviewers have closed out
Of the review and confirm the quality of the Preliminary Review Report

1. What is the Organization's Name?

Wheeler Association

[Add Notes](#)

2. What is the Grantee Contact's Name?

Herbert Hoover

[Add Notes](#)

3. What is the Grantee Contact's Title?

Director

[Add Notes](#)

4. What is the HHS Official's Name?

Sally Smith